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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GKNG 1276 PCT
First Named Inventor	HEIKO HARNISCHFEGER
<b>COMPLETE IF KNOWN</b>	
Application Number	/ APPLIED FOR
Filing Date	HEREWITH
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TWIN-BALL JOINT

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
		YES	NO		
PCT/EP 2004/006360	EPO	06/12/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 37 918.5	GERMANY	08/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	027256	OR <input checked="" type="checkbox"/>	Correspondence address below												
<p>ROBERT P. RENKE ARTZ &amp; ARTZ, P.C.</p> <p><b>Name</b></p> <p>28333 TELEGRAPH ROAD SUITE 250</p> <p><b>Address</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SOUTHFIELD</td> <td style="width: 15%;">State</td> <td>MI</td> <td>ZIP 48034</td> </tr> <tr> <td>U.S.A.</td> <td colspan="2">Telephone 248-223-9500</td> <td>Fax 248-223-9522</td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> </table>						SOUTHFIELD	State	MI	ZIP 48034	U.S.A.	Telephone 248-223-9500		Fax 248-223-9522	Country			
SOUTHFIELD	State	MI	ZIP 48034														
U.S.A.	Telephone 248-223-9500		Fax 248-223-9522														
Country																	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>																	
<p><b>NAME OF SOLE OR FIRST INVENTOR :</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>																	
<p>Given Name (first and middle [if any])</p>		<p>HEIKO</p>		<p>Family Name or Surname</p> <p>HARNISCHFEGER</p>													
<p>Inventor's Signature</p>																	
<p>Residence: City</p> <p>FREIENSTEINAU-WEIDENAU</p>		<p>State</p>	<p>GERMANY</p> <p>Country</p>	<p>Citizenship</p> <p>GERMAN</p>													
<p>Mailing Address</p> <p>AM SPORTPLATZ 3</p>																	
<p>City</p> <p>FREIENSTEINAU-WEIDENAU</p>		<p>State</p>	<p>ZIP D-36399</p>	<p>Country</p> <p>GERMANY</p>													
<p><b>NAME OF SECOND INVENTOR:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>																	
<p>Given Name (first and middle [if any])</p>		<p>Family Name or Surname</p>															
<p>Inventor's Signature</p>																	
<p>Residence: City</p>		<p>State</p>	<p>Country</p>	<p>Citizenship</p>													
<p>Mailing Address</p>																	
<p>City</p>		<p>State</p>	<p>ZIP</p>	<p>Country</p>													
<p><input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>																	

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	HEIKO HARNISCHFEGER
Title	TWIN-BALL JOINT
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1276 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

027256

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	HEIKO HARNISCHFEGER	Date	
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.